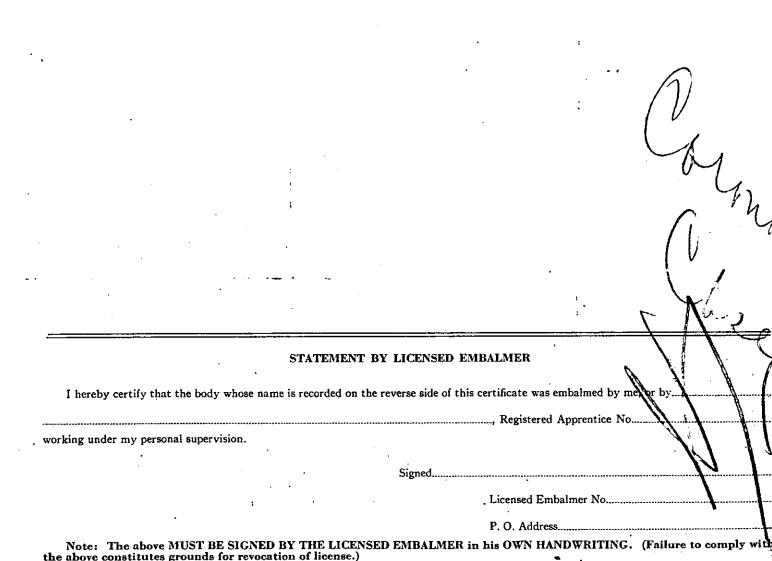
nte nt.		BOARD OF HEALTH  IFICATE OF DEATH  State File No. 9128
uld st. 1porta	Registration District No. 791 Primary Registration Dis	ntrict No. 1003 Registrar's No. 2611
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.	Registration District No.  1. PLACE OF DEATH:  (a) County.  (b) City or town.  (if noticed elty or town initiation:  (c) Name of hospital or institution:  (d) Length of stay: In hospital or institution:  (d) Length of stay: In hospital or institution.  (e) Press, months of stay: In hospital or institution.  (e) Name war.  (f) Social Security  (h) Address.  (City, town, or containty)  (Sate or foreign country)  (State or foreign country)  (D) Vear)  (City, town, or containty)  (Burth, greanstion, or remova)  (b) Pate thereof.  (Month) (Pay) (Year)  (City, town, or containty)  (c) Place: burial or cremation.  (b) Address.  (c) Signature of funeral director foreign country.  (d) Address.  (d) MAR 19 1940	2. USUAL RESIDENCE OF DECEASED:  (a) State
(Date received local registrar)  (Licensed Embalmer's Statement on Roverse Side)		



If this body is not embalmed, above space should be left blank.